Forensic Discharge Summary

_____ Mental Health Institute

SERVICE RECIPIENT INFORMATION

Service Recipient's Name _____ SSN _____- _____- _____ Chart # _____

Date of Admission _____ Discharge Date _____ Date of Birth _____

Legal Status at Admission : ☐ -301(a) ☐ - 301(b) ☐ - 303(a) ☐ - 303(c)

Legal Status at Discharge : ☐ -301(a) ☐ - 301(b) ☐ -303(a) ☐ - 303(c)

BHO: ☐ Premier ☐ TBH ☐ State Only MCO: _____

DISCHARGE LOCATION INFORMATION

Discharge Location: To jail Yes ☐ No ☐ Living arrangements: Home ☐ Group home ☐ Relative ☐ Other ☐

If other specify _____

Address: _____

AFTERCARE INFORMATION **Diagnosis:**_____

Outpatient Forensic Coordinator _____ Phone:_____

Med. Monitoring ☐ Competency Training ☐ Competency Assessment ☐

MOT required? Yes ☐ No ☐ Type of MOT: T.C.A. 33- 6-601☐ or T.C.A. §33-7-303(b) ☐

CMHC responsible _____ Date initiated _____ Attach copy of MOT Plan _____

Outpatient referral for clinical services: Yes ☐ No ☐ Agency_____ Type of Services

Recommended: CM ☐ CTT ☐ Med. monitoring ☐ Supervised Residential ☐ RTC/RTF ☐ A&D ☐

Explain if no OP referral:

_____

DISCHARGE MEDICATIONS

			Meds (√ one)		
Medication	Dose	Schedule	Dispensed	Prescription	Author of RX

SPECIFIC INSTRUCTIONS TO THE COMMUNITY MENTAL HEALTH AGENCY: for follow-up /after care services:

_____
_____
_____
_____
_____

Forensic Issues (circle one)

Level 1 - within 2 weeks from RMHI/FSP Discharge Date
Level 2 - within 1 month from RMHI/FSP Discharge Date
Level 3 - within 2-3 months from RMHI/FSP Discharge Date
Level 4 - No follow-up recommended

Clinical Issues (circle one)

Level 1
Level 2
Level 3
Level 4

_____ _____

Facility Representative Signature and Credentials Date